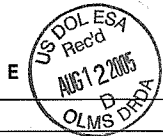


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5666</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Ron</u> <u>F</u> <u>Paredes</u>  P.O. Box, Bldg., Room No., if any <u></u>  Street <u>22519 Bayview Ave</u>  City <u>Hayward</u>  State <u>California</u> ZIP Code + 4 <u>94541</u>	4. Name, file number, and address of labor organization. Name <u>Teamsters Local 78</u>  Labor Organization File Number <u>022-708</u>  P.O. Box, Building and Room Number, if any <u></u>  Street <u>492 C Street</u>  City <u>Hayward</u>  State <u>California</u> ZIP Code + 4 <u>94541</u>
5. Position in labor organization. <u>Business Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u>  Trade Name, if any: <u></u>  P.O. Box, Bldg., Room No., if any <u></u>  Street <u></u>  City <u></u>  State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u>  7.b. Amount. <u></u>

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Ron Paredes</u>	On <u>8/9/2005</u> Date	<u>(510) 889-6811</u> Telephone Number

Name of Person Filing Ron Paredes	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="Lipman Insurance Administrator, INC."/></p> <p>Trade Name, if any: <input type="text" value="Teamsters Benefit Trust"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="39420 Liberty Street, Suite 260"/></p> <p>City <input type="text" value="Fremont"/></p> <p>State <input type="text" value="California"/> ZIP Code + 4 <input type="text" value="94538"/></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text" value="Teamsters Benefit Trust"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="39420 Liberty Street, Suite 260"/></p> <p>City <input type="text" value="Fremont"/></p> <p>State <input type="text" value="California"/> ZIP Code + 4 <input type="text" value="94538"/></p>	<p>11.a. Nature of such dealing.</p> <p><input type="text" value="Multiemployer welfare trust fund"/></p> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <p><input type="text" value="See continuation page"/></p> <p>12.b. Amount. <input type="text" value="\$2,186"/></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <p><input type="text"/></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/></p>

**Part B Continuation Page**

**B.** Held an interest in or derived income or economic benefits with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name of Business  
from Pg. 2 :

12. a. Nature of interest held or income received (con't from Pg: 2):

**The person identified in item 3 is a union Trustee on the Board of Trustees of the entity identified in item 8, which is a jointly administered trust fund under the Labor-Management Relations Act of 1947, as amended (the "Trust Fund"). In performance of his duties as a trustee on the Trust Fund he has attended trustee meetings and met with representative(s) of the Trust Fund for the purpose of discussing trust fund-related matters and attended educational conferences related to trust fund administration. During the course of such meeting(s) the Trust Fund paid for food, beverages, transportation, lodging and /or incidental expenses. The amount entered in item 12.b is the estimated value of such food, beverage and related expenditures on or about November 30<sup>th</sup>; December 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup>, 2004. This estimate is based on review of a business calendar for appointments and meetings in 2004**

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Lipman Insurance Administrator, INC.

Trade Name, if any: Teamsters Benefit Trust

P.O. Box, Bldg., Room No., if any

Street 39420 Liberty Street, Suite 260

City Fremont

State California ZIP Code + 4 94541

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Teamsters Benefits Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 39420 Liberty Street, Suite 260

City Fremont

State California ZIP Code + 4 94541

## 11.a. Nature of such dealing.

Multiemployer welfare trust fund

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

See continuation page

## 12.b. Amount.

\$812

**Part B Continuation Page**

**B.** Held an interest in or derived income or economic benefits with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name of Business  
from Pg. 3:

12. a. Nature of interest held or income received (con't from Pg: 3):

**The person identified in item 3 is a union Trustee on the Board of Trustees of the entity identified in item 8, which is jointly administered trust fund under the Labor-Management Relations Act of 1947, as amended (the "Trust Fund"). In performance of his duties as a trustee on the Trust Fund he has attended trustee meetings and met with representative(s) of the Trust Fund for the purpose of discussing trust fund-related matters. During the course of such meeting(s) the Trust Fund paid for food, beverages, transportation, lodging and /or incidental expenses. The amount entered in item 12.b is the estimated value of such food, beverage and related expenditures on or about February 6<sup>th</sup>; May 7<sup>th</sup>; August 5<sup>th</sup> & 6<sup>th</sup> and November 5<sup>th</sup>, 2004. This estimate is based on review of a business calendar for appointments and meetings in 2004.**